Board of Directors
Meeting Report

Subject: **Patient Experience & Involvement Strategy**
Date: **Thursday 30th January 2014**
Lead Authors: **Susan Bowler & Amanda Callow**
Lead Director: **Susan Bowler – Executive Director of Nursing & Quality**

Executive Summary

Our Patient Experience and Involvement Strategy is the product of an extensive programme to engage our patients, carers and staff in describing how we can deliver the best possible care to patients, safely, respectfully and efficiently.

Following our 'In Your Shoes' and 'In Our Shoes' events held in Autumn 2013, we gained a considerable amount of feedback and ideas which have informed the development of this Patient Experience and Involvement Strategy.

As a result of these events we were able to hold follow up sessions where our patients and carers helped us to identify the priorities and projects that are set out within the Strategy.

Like our Organisational Development Strategy, to ensure effective governance of our Patient Experience Strategy we will translate this document into a three year action plan and detailed plan for year 1 with clear roles, responsibilities, timelines and targets for delivery identified.

Whilst we have already begun work to implement some of the projects highlighted, we recognise there is still much to do. Adequately resourcing this programme of work is critical to its success and we have outlined our approach within this Strategy.

Recommendation

The Trust Board is asked to approve this strategy and note its interdependency with the Organisational Development Strategy. These two strategies have been developed in tandem and will be implemented with close alignment.

Relevant Strategic Objectives (please mark in bold)	
Achieve the best patient experience	Achieve financial sustainability
Improve patient safety and provide high quality care	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	

Links to the BAF and Corporate Risk Register	BAF 1.3, 2.1, 2.2 2.3,

Details of additional risks associated with this paper *(may include CQC Essential Standards, NHSLA, NHS Constitution)*	Failure to deliver the Keogh action Plan and be removed from 'special measures' Risk of being assessed as non-compliant against the CQC essential standards of Quality and Safety,
Links to NHS Constitution	Principle 2, 3, 4 & 7
Financial Implications/Impact	Indirect financial implications – patients not being referred to SFH or not choosing SFH as a consequence of poor patient experience.
Legal Implications/Impact	Reputational implications of delivering sub-standard safety and care
Partnership working & Public Engagement Implications/Impact	
Committees/groups where this item has been presented before	Executive Team
Monitoring and Review	Progress will be reported to the Trust Board quarterly via the sub-committee(s) responsible for patient experience and staff engagement, and monthly (by exception) via the Trust Management Team. Progress will be outlined within the Quarterly Patient Experience report which is submitted to the public Board of Directors meetings. We will also summarise our progress in our Annual Reports and Quality Accounts.
Is a QIA required/been completed? If yes provide brief details	No

Sherwood Forest Hospitals **NHS**
NHS Foundation Trust

Our Patient Experience and Involvement Strategy

2014 – 2017

Figure 1: patient comments on NHS Choices about their experience with us this year

5 star care

I have been a patient on ward 14 and can honestly say I don't think I could have been treated any better in any other hospital in this country. The staff all treated me with dignity and respect and were there when I needed them. Nothing was too much trouble at all the ward was clean and you can see that this is something that they pride themselves on. The ward leader on there obviously has the respect of her staff for them to work at such high standards. I will add that the Drs and theatre staff were also fantastic. Keep up the good work Kingsmill you are starting to restore your pride back xx

Visited in January 2014. Posted on 06 January 2014

Head Injury

I arrived at casualty at 10am on the 1st Jan 2014 and was attended to and seen by a doctor within 30minutes. Subsequently I was given a CT scan and admitted in to the AEU Ward for observation overnight. All the staff in this department were brilliant and having listened to the demands of other patients and their relatives, all had the patience of a saint. I was then admitted in to ward 33 and again they were brilliant. During my three-day stay I could not fault the care, compassion and professionalism I received from everyone who I came in to contact with.

Visited in January 2014. Posted on 06 January 2014

Excellent Cataract Operation

Thanks to everyone in the Ophthalmology Department for the care speed and efficiency of how I was dealt with on the morning of 03/01/2014, beginning with the receptionist when I arrived at 7.30am, to the nurse who signed me out at 10am with my medication. My morning should have been televised to encourage patients like myself who are worried about an operation as a Day-Care Patient. The actual time I was in the Operating Room was only 10 minutes! I was so grateful for my consultant and his nursing staff, who explained every step of what was happening. I felt no pain what so ever.

Visited in January 2014. Posted on 05 January 2014

Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe

Quality *for all*

Foreword

Sherwood Forest Hospitals NHS Foundation Trust has much to be proud of. First and foremost we are tremendously proud of the dedication of our staff, and of the high quality care they provide each and every day to our patients and their families, carers and visitors.

This Patient Experience & Involvement Strategy sets out our commitment to our patients, our undertaking to continue to develop our organisation as one that we can all be proud of, staff want to be part of and where patients want to be cared for. It has been created by and with our staff, our patients and their carers. It is an ambitious strategy, but one that as leaders of our Trust we are confident is deliverable.

This Strategy maps out how we want to develop our Trust over the next three years. It builds on the progress we have made in recent months and recognises that there is much still to do. It describes the kind of organisation we want the Trust to be in three years' time, the values we will hold dear as we move forward and the steps we will take to support and develop our organisation to deliver the best possible care to our patients and proactively involve and learn from them .

What matters now is that the commitments made within this Strategy become reality and make a measurable difference to our staff, patients, carers and visitors. The process of creating this Strategy has involved and engaged many hundreds of staff and patients and gives us an excellent basis to move forward now into delivery.

We look forward to the next three years and ensuring that at the heart of everything we do is our dedication to giving the best possible care for our patients, safely, respectfully and efficiently.

Sean Lyons
Chairman

Paul O'Connor
Chief Executive

Contents

Quality for all

Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe

Quality *for all*

1. Introduction

We are the main acute hospitals trust providing high quality healthcare services for 420,000 people living in an area of 1,000 square miles covering Mansfield, Ashfield, Newark, Sherwood and parts of Derbyshire and Lincolnshire.

We exist to champion and deliver the best care, service and wellbeing outcomes possible for each individual in the communities we serve.

Each year we look after over 75,000 inpatients, 30,000 day-case patients, 275,000 outpatients, 100,000 visitors to our Emergency Department, and over 3,000 women who choose to give birth at the King's Mill Hospital.
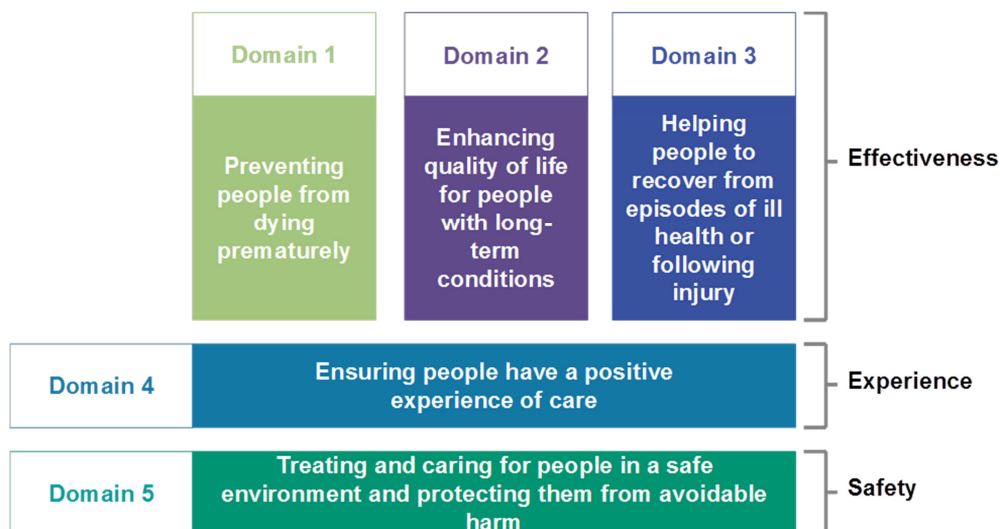
We employ over 4,000 people, including over 250 specialist Consultants, working in hospital facilities (which include the state-of-the-art Kingsmill Hospital, Newark Hospital and Mansfield Community Hospital) that are some of the best in the country.

The purpose of this strategy, which has been co-developed with patients, carers and staff, is to set out our commitment to the people we serve and provide clear direction for all of us who work together to provide the best experience possible for our patients.

2. National context and evidence base

Lord Darzi's 2008 Report 'High Quality Care for All'[1] established patient experience as 1 of the 3 basic domains of quality, along with patient safety and clinical effectiveness. This is reflected in the NHS Outcomes Framework, where the domain 4 is focused on ensuring people have a positive experience of care:

Figure 2: NHS Outcomes Framework 2014 to 2015, Department of Health

Domain 1	**Domain 2**	**Domain 3**	**Effectiveness**
Preventing people from dying prematurely	Enhancing quality of life for people with long-term conditions	Helping people to recover from episodes of ill health or following injury	
Domain 4	Ensuring people have a positive experience of care		Experience
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm		Safety

A growing body of evidence shows that patient experience is not only an important outcome in its own right, it also influences patient safety and clinical effectiveness, for example:

- Good communication and compassionate care results in reduced anxiety, improved compliance and more active self-management of long-term chronic conditions.[2,3]

- Compassion and empathy makes patients more forthcoming about their symptoms and concerns, enabling more accurate diagnosis, better care and faster recovery.[4,5,6,7,8]

- Patients who are less anxious and more involved recover more quickly. Less anxious patients heal twice as fast as those most stressed. Greater levels of stress result in a slower, more painful and poorer recovery.[9,10,11]

- More attentive care, with hourly rounding, reduces patient slips, trips and falls by 33%, and reduces hospital-acquired pressure ulcer cases by 56% (it also increases patient satisfaction by 71 percentile points).[12]

- Patient-centred care is associated with: decreased mortality[13], less hospital-acquired infection[14], fewer surgical complications[15], and improved patient functional status.[16]

In addition to being central to high quality care, evidence shows that delivering good patient experience is linked to improving productivity and increasing revenue, for example:

- Research in the US has shown that high quality patient experience is linked with lower overhead costs[17], lower costs per case and shorter lengths of stay.[18]

- Research in the UK has shown that by providing the right care the first time patient experience in the NHS can be improved and unnecessary expenditure avoided.[19]

- In the NHS money follows the patient and patients can choose which hospital they go to. Personal experience is the top reason why people choose a hospital[20] and 91% of patient satisfaction is driven by how they are treated as people.[21]

So the NHS knows how important good patient experience is, and from increasingly listening to patients, has a good idea about what makes a good experience for them:

Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe

Quality *for all*

6

Figure 3: NHS Patient Experience Framework outlining those elements that are critical to the patients' experience of NHS Services (NHS National Quality Board; February 2012)

- **Respect of patient-centred value, preferences, and expressed needs,** including: cultural issues; the dignity, privacy and independence of patients and service users; an awareness of quality-of-life issues: and shared decision making;

- **Coordination and integration of care** across health and social care system;

- **Information, communication, and education** on clinical status, progress, prognosis, and processes of care in order to facilitate autonomy, self-care and health promotion;

- **Physical comfort** including pain management, help with activities of daily living, and clean and comfortable surroundings;

- **Emotional support** and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families and their finances;

- **Welcoming the involvement of family and friends,** on whom patients and service users rely, in decision-making and demonstrating awareness and accommodation of their needs as care-givers;

- **Transition and continuity** as regards information that will help patients care for themselves aware from a clinical setting, and coordination, planning, and support to ease transitions;

- **Access to care** with attention for example, to time spent waiting for admission or time between admission and placement in a room in an in-patient setting, and waiting time for an appointment or visit in the out-patient, primary care or social care setting.

However, evidence suggests that, although good patient experience is common, the NHS does not *consistently* deliver patient-centred care (as seen repeatedly in patient surveys and feedback and, more dramatically, in recent examples of wholly unacceptable care documented in the Francis and Winterbourne View reports). Why?

Perhaps it is because the *consistent* delivery of good patient experience depends on complex interdependencies between different factors within healthcare organisations. For example:

- Positive staff engagement and wellbeing is an important precondition for *consistently* good patient experience – happy staff produce happy patients (as well as better outcomes and increased productivity).[22,23]

- Growing staff engagement, in turn, requires four key conditions: (i) shared purpose, vision and expectations, (ii) good connections across hierarchical, professional and departmental boundaries, (iii) staff are enabled to contribute, and (iv) staff contributions are recognised and appreciated.[24]

- In their study 'Promoting patient-centered care: a qualitative study of facilitators and barriers in healthcare organizations with a reputation for improving the patient experience'[25], Luxford et al concluded that organisations that foster *consistent* patient-centered care adopt a strategic organisational approach with the following key facilitators: (i) strong, committed senior leadership, (ii) clear communication of strategic vision, (iii) active engagement of patient and families throughout the institution, (iv) sustained focus on staff satisfaction, (v) active

Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe

Quality *for all*

7

measurement and feedback reporting of patient experiences, (vi) adequate resourcing of care delivery redesign, (vii) staff capacity building, (viii) accountability and incentives and (ix) a culture strongly supportive of change and learning.

- In their article for the 'Excellence Framework for Patient Experience'[26], Professor John Murphy and Dr Ram Raghvan argue that the 'synchronisation of endeavour' for elements including: culture, internal communications, customer focus, employee involvement, processes, continuous improvement, training, measurement and external communications is vital in ensuring that behaviours from the board to the front line are focused on doing the right things to improve patient experience.

Taking all of the above evidence into account, the diagram below summarises the interdependent organizational factors required to consistently deliver good patient experience. Synchronizing these factors is the subject of our *Patient Experience and Involvement Strategy* and *Organisational Development Strategy*, in conjunction with our *Patient Safety and Quality Strategy; Health and Well-being Strategy; Training and Education Strategy; Workforce Strategy; Nursing and Midwifery Strategy* and *Clinical Strategy.*

Figure 4: Organisational factors required to deliver consistently good patient experience

©April Strategy LLP 2013

Quality for all
Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe

Quality for all

8
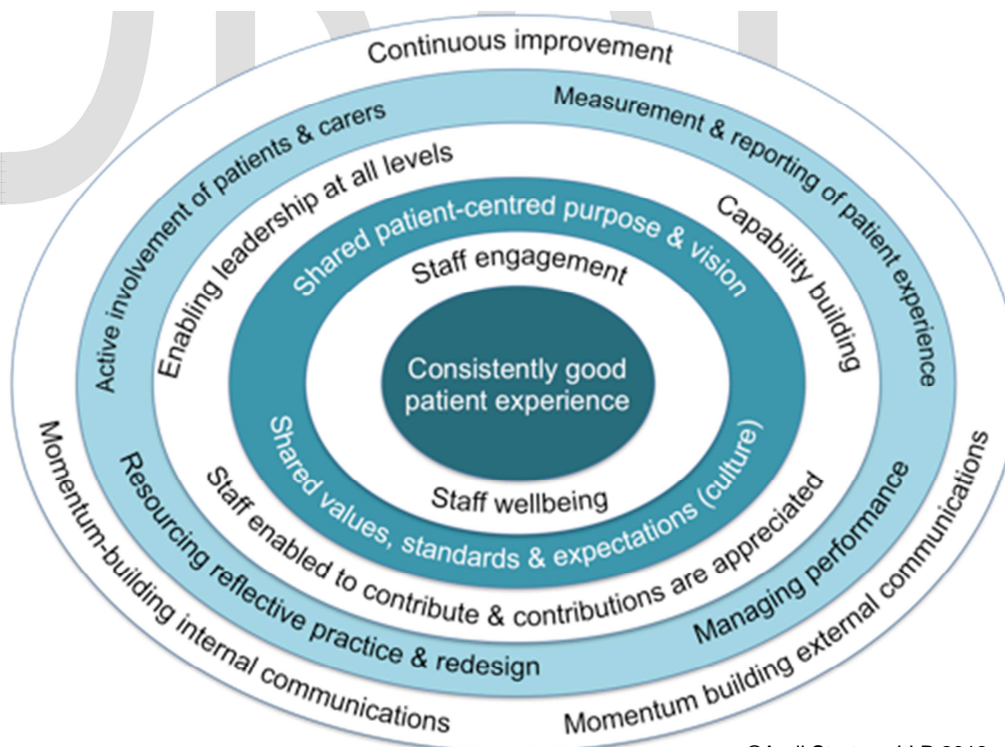
3. How this strategy was developed

The way that we developed this strategy is itself an example of the strategy in action – sychronising the organizational factors in Figure 4 above.

In the autumn of 2013 we established a 'Quality for All' campaign, starting with an appreciative analysis of patient compliments, highlighting the difference we make to others when we are at our best, to create positive momentum and frame the quality challenge as one of consistency.

That was followed by further analysis of patient complaints and recent patient (and staff) survey findings, revealing the inconsistency of experience hidden behind the aggregated survey findings (the aggregated 2012 Inpatient Survey and 2011 Outpatient Survey showed we were 'about the same' as other NHS Trusts in 82% of indicators, better than others in 13%, and worse than others in 4%).

We then actively involved patients, carers, staff, governors and leaders at all levels across the organisation in co-developing: (i) a shared patient-centred purpose and vision; (ii) shared values, standards and expectations; (iii) priorities for improvement; and (iv) priority enablers for individuals and teams (covered in the *Organisational Development Strategy*).

The process of involvement included:

- Using multiple media channels to ensure broad-based recruitment and participation

- *In Your Shoes* events for patients – where staff members from all professional groups and services across the Trust listen to patients' and carers' experiences of our care on a one-to-one basis to discover and capture (in their words) what was good and what was bad – what happened and how did it make them feel. Patients, carers and staff then work together in small groups to identify common themes and priorities.

- *A Future Values Survey* for staff – open to all staff in both online and 'graffiti board' formats to discover what staff value, what they want the organization to value and what would make the biggest difference to them. The survey is deliberately future facing and involves the completion of four simple unfinished sentences:

    Figure 5: 'Future Values Survey' questions

    - *The compliment I'd most like to hear from a patient is…*

    - *I'd like my colleagues to describe me as the kind of person who…*

    - *The main frustration that gets in the way of offering a consistently excellent patient experience is…*

    - *We could make my own experience at work better by…*

Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe

- *In Our Shoes* events for staff – to listen each other's experiences of good days and bad days at work to discover what makes a good day and what makes a bad day, share common themes and identify individual, team and organizational priorities for helping each other have more good days.

- *Feedback and Co-creation* events – with patients, carers, staff, governors and leaders at all levels across the organization to shared the distilled findings from listening to patients, carers and staff, and co-develop a shared vision, values, standards and priorities to enable the consistent delivery of good patient experience and high-quality patient-centred care.

Over 100 patients and carers and over 300 staff were directly involved overall.

During the process we deliberately built the internal capability to utilise the new methods of involving patients, carers and staff in continuous improvement through the transfer of skills, knowhow, experience, tools and templates.

Finally our Trust Board used the distilled outputs from all of the events above to develop our *Strategic Bridge* – a high level summary of the ambition and activities that will guide our work to improve patient and staff experience over the next three years.

Figure 6: Our Patient and Staff Experience Strategic Bridge

From ...						...To
Summary of now: External interventions and adverse publicity highlighted inconsistent care, despite friendly reputation. Criticism knocked self-belief. Interim leadership coupled with staff shortages created instability and fear. But now starting to take back control of the agenda.		**Our enduring purpose** — To champion and deliver the best care, service and wellbeing outcomes possible for each individual in the communities we serve.				**Summary of vision**: At the heart of everything we do is our dedication to giving the best possible care for our patients, safely, respectfully and efficiently.

Current	*From...*	Transformation building blocks		...To	**Vision**
Friendly reputation and good intentions not translated into consistent quality of care	Patient experience	Deliver Patient Experience Strategy – embed Quality for All values and priorities	Improve patient and carer involvement	Deliver Nursing and Midwifery Strategy and improve basic processes: pain relief, OP appointments, discharge planning	Develop and embed reflective practice and continuous / service improvement	*I want to go there because I know it is the best place to be cared for*
Staffing levels, external interventions, adverse publicity and uncertainty have increased pressure	Staff experience	Develop values-led culture: embed Quality for All values in all HR policies and processes	Develop strong two-way dialogue and strengthen communications and engagement	Develop culture of recognition of good practice for teams and individuals – strengthen no blame culture	Deliver Training, Education and Development Strategy	*I want to work here because I love it. My efforts are recognised and so are the achievements of our team. I can do my best and make a difference*
Skewed to working in reactive, disconnected way	Enabling organisation	Develop compelling vision and set clear strategic direction for best care and financial sustainability	Empower high performing teams – embed Service Line Management	Make time for reflective practice and improvement - for teams and individuals (including clinical supervision and mentoring)	Proactive engagement of external stakeholders (including the media & GP's)	*An organisation that is passionate about patients' wellbeing and focused on delivering the best care*
Moving from interim leaders reacting to external demands to permanent leaders proactively setting agenda	Enabling leadership	Develop values-based leadership skills from Board to ward (scope & deliver leadership development programme)	Improve productivity of Exec Team and make time for reflective practice	Engage medical and clinical leaders (& provide them with the information to develop and manage strategy)	Develop and embed robust governance, measurement and performance management	*Inspirational leaders who engage, encourage and enable people & teams to do their best and continue to improve*

Our values: CARE

Communicating & Working Together   **A**spiring & Improving   **R**espectful & Caring   **E**fficient & Safe

Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe

Quality *for all*

10

4. Local context: our starting position

At our best we are brilliant, delivering an excellent experience of care for our patients.

Figure 7: 2012-13 Compliments (size of words is proportional to frequency used)

Good environment
Lovely staff Good experience Made to feel welcome Brilliant Nothing but praise
Nothing was too much trouble Impressed Courteous
Took an interest in me Worked hard Felt reassured Helpful
Quick Professional Efficient
Good aftercare Pleasant
Can't speak highly enough Clean Informative
Best treatment Well organised Diligent
Committed Respectful Offered choices First class care Treated like a person Nice Appreciative Cheerful
Tidy Exemplary Attentive Treated with dignity Conscientious Thorough
Caring Amazing Clear explanations Pain-free
Exceptional Teamwork Understanding
Sense of humour Felt involved Put at ease Felt supported Excellent
Fantastic Kind
High standard of care Outstanding Friendly
Would recommend Good communication
Felt looked after Good food Made time
Wonderful Could ask questions

Our p ... e
same as other NHS Trusts in 82% of indicators, and hide the inconsistency of experience being delivered.

Figure 8: 2012 Inpatient Survey

How this score compares with other trusts		Based on patients' responses to the survey, this trust scored
8.3 /10	The Emergency/A&E Department (answered by emergency patients only)	ABOUT THE SAME
9.4 /10	Waiting list and planned admissions (answered by those referred to hospital)	ABOUT THE SAME
7.8 /10	Waiting to get to a bed on a ward	ABOUT THE SAME
8.7 /10	The hospital and ward	BETTER
8.5 /10	Doctors	ABOUT THE SAME
8.4 /10	Nurses	ABOUT THE SAME
7.7 /10	Care and treatment	ABOUT THE SAME
8.4 /10	Operations and procedures (answered by patients who had an operation or procedure)	ABOUT THE SAME
7.3 /10	Leaving hospital	ABOUT THE SAME
5.3 /10	Overall views and experiences	ABOUT THE SAME

Pie chart values: Best performing Trusts: 5; About the same: 63; Worst performing Trusts: 2

- Best performing Trusts
- About the same
- Worst performing Trusts

Figure 10: 2011 Outpatient Survey

Pie chart values: Best performing Trusts: 10; About the same: 29; Worst performing Trusts: 3

- Best performing Trusts
- About the same
- Worst performing Trusts

Quality for all
Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe

Quality for all
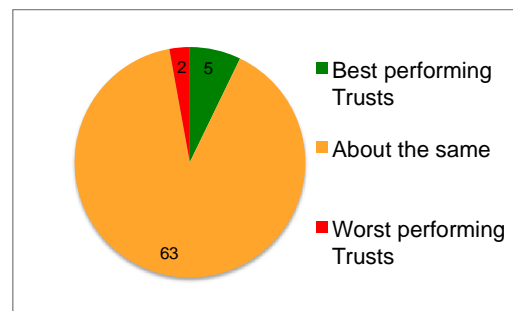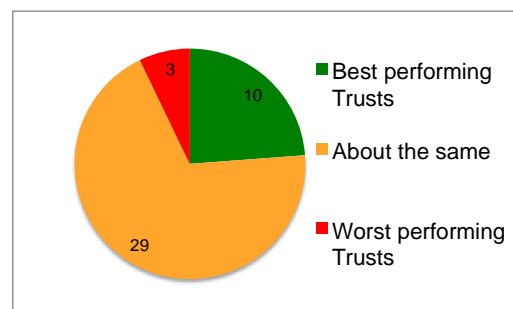
We have a reputation as a friendly, warm healthcare organisation, closely connected to the communities we serve, and staffed by people with good intentions to deliver high quality care. However, as the Keogh Review in July 2013 and the CQC Report in September 2013 highlighted, our good intentions have not always been translated into *consistently* good patient experience.

- The Keogh Review recognised that overall the Trust scores well on patient experience measures, but identified a number of examples of poor patient experience and highlighted the need to put the patient at the centre of the Trust's strategies, priorities and actions (including through the development of this strategy). It also highlighted concerns over clinical staffing levels and skill mix. All of the actions in response to the Keogh Review have been delivered, or are on track to be delivered, and our progress has been assured or partly assured on all actions assessed.

- The CQC Report recognised that almost all patients were happy with their overall experience within our hospital, and noted our friends and family test current average score was 4.7 out of a 5 star rating indicating that patients were generally happy with the care they were receiving. However, they identified a number of instances where care and treatment was not always delivered in a way that ensured patients' safety and welfare. Issues included the prevention and management of pressure ulcers, poor mouth care, a high number of patients on wards that were not on the specialty ward specific to their condition and a backlog of x-rays and scans which required reporting on.

The patient experiences shared in our *In Your Shoes* events (shown above) again highlighted inconsistency of experience in four common themes that were consistently important to all patients:

Figure 9: Inconsistent patient experiences shared in October 2012 *In Your Shoes* events
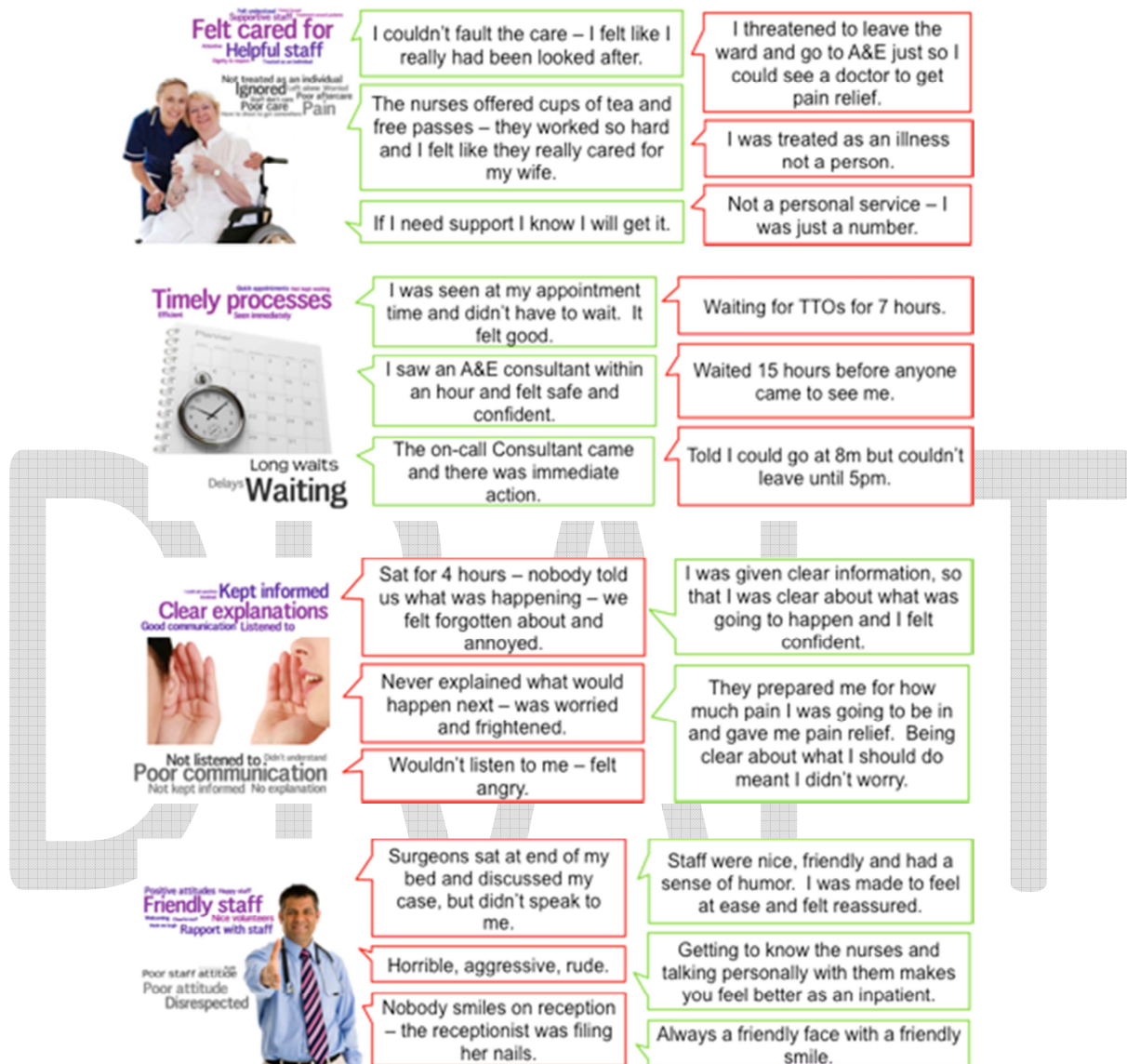
5. Our shared purpose and vision for patient experience

The enduring purpose of Sherwood Forest NHS Foundation Trust is **to champion and deliver the best care, service and wellbeing outcomes possible for each individual in the communities we serve.**

Our vision for patient experience is for each of the 420,000 people we serve to say **"I want to go there because I know it's the best place to be cared for"** because:

- We deliver the best outcomes possible.

- Providing safe, efficient, timely care - in a caring, respectful way.

Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe

Quality *for all*

- Delivered as close to home as possible.

- By professional staff who listen and involve patients, carers and colleagues as part of the team.

- Anticipating and understanding patient and carer needs and tailoring services to best meet them.

- Involving patients and internal customers in continuous improvement and innovation.
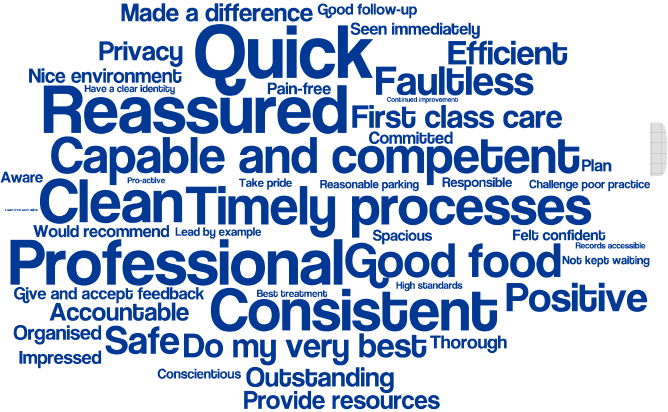
Our *Patient and Staff Experience Strategic Bridge* (figure 6 above) summarises the interdependent organisational conditions that need to be achieved to deliver that vision *consistently,* including:

- For each of our staff to say **"I want to work here because I love it. My efforts are recognised and so are the achievements of our team. I can do my best and make a difference".**

- About an organisation that is passionate about patients' wellbeing and focused on delivering the best care.

- With inspirational leaders who engage, encourage and enable people & teams to do their best and continue to improve.

6. Our shared values and expectations

The shared values and expectations that underpin the *consistent* delivery of our vision for patient experience have been co-developed by patients, carers, staff, governors and leaders at all levels across the organisation

Value	Behaviour	
Communicating & Working Together	- *Share information* openly and honestly and keep people informed - *Listen and involve* people as partners and equals - *Work as one team* inside our organisation and with other organisations	Open and honest · Involve me and my family · Keep people informed · Clear explanations · Communicate · Listen · Teamwork · Trust
Aspiring & Improving	- *Set high standards* for ourselves and each other - *Give and receive feedback* so everyone can be at their best - *Keep improving* and aspiring for excellence	(This domain was added by the Trust Board after reflecting on all of the outputs – for more detail please see our Organisational Development Strategy)

Quality *for all*

Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe

Quality *for all*

14

Value	Behaviour	Words used by patients, carers, staff, governors and leaders
Respectful & Caring	- *Treat everyone with courtesy and respect, help people to feel welcome in our organisation* - *Show care and compassion and take time to help* - *Support and value each other and help people to reach their potential*	Kind Smile Lovely staff Can't speak highly enough Feel valued Compassionate Dignity Pleasant Courteous Supportive Sense of humour Rapport with staff Patient focused Take the time Helpful Respect Friendly Caring Introduce yourself and your role
Efficient & Safe	- *Competent and reassuringly professional so we are always safe* - *Reliable and consistent so we are always confident* - *Efficient and timely and respectful of others' time*	Made a difference Good follow-up Seen immediately Privacy Quick Efficient Nice environment Faultless Reassured First class care Capable and competent Plan Clean Timely processes Professional Good food Positive Consistent Accountable Organised Safe Do my very best Thorough Impressed Conscientious Outstanding Provide resources

Our values and expectations, along with our enduring purpose and shared vision for patient experience will now be embedded in:

- All Trust internal and external communications.

- All elements of the employee lifecycle (attraction, recruitment, induction, development, appraisal, performance management, recognition and progression).

- Planning, prioritization and decision-making at all levels from the Board to Ward.

- Reflective practice, continuous improvement and redesign.

- Individual, team and leadership development.

For more details on how this will be done please see our *Organisational Development Strategy.*

7. Our priorities for improvement

The following priorities for improvement have been co-developed by patients, carers and staff. Together they form our initial patient experience improvement programme. The programme will be regularly reviewed and developed through the continuous improvement and planning cycle outlined in section 8 below.

Quality for all
Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe

Quality for all

7.1 Communicate and work together

7.1.1 Involve me (and my carer) in my care		In Action	Quick Win	Year 1	Year 2	Year 3
a) *Improve handover and involve patients and families in handover*						
i)	Allow and help patients to communicate and give an opinion – patients to be part of handovers.	✔				
ii)	All staff to be involved in handovers not just registered staff (i.e. HCAs too) so that there is a complete picture of information for everyone. [As part of board round handover project]			✔		
b) *Review carers / family policy*						
i)	Carers to have easy access to information.			✔		
ii)	Work with and listen to families – ask if they can help (e.g. at meal times).			✔		
iii)	Families / visitors (or volunteers) to spend more social time with patients. In action [currently implementing extended visiting times across wards]	✔		✔	✔	
c) *Increase discussions about care – work as a team / allow me to ask questions*						
i)	All staff to take responsibility in communicating information to patients. [Scope in year 1, embed in year 2]			✔	✔	
ii)	Allow more time for patients to talk and ask questions during their appointments.				✔	✔
iii)	Easier access to answers for patients and carers / families (e.g. direct helpline rather than rely on switchboard). [Explore year 1, implement year 2]			✔	✔	
iv)	Include community care teams in discussions about patient care. [In action but further work in years 1-3 to strengthen]	✔		✔	✔	✔
d) *Review Do Not Resuscitate , informed consent and family involvement practices*						
i)	Patients / carers should never read 'do not resuscitate' on notes without prior discussion.	✔		✔		

Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe

Quality *for all*

16

7.1.2 Provide clear information	In Action	Quick Win	Year 1	Year 2	Year 3
a) Improve access to information					
i) Always communicate cancelled appointments.			✔		
ii) All follow-up appointments to be made at the time (not sent out afterwards so the patients can't be involved in agreeing the time). [Scope year 1, implement year 2]			✔	✔	
iii) Improve the note tracking system so that notes are always available for clinics, no notes are lost, no delays due to chasing notes. Also ensure patient notes are passed on after appointments, so patients experience consistency in what's said by Doctors. [Explore year 1, implement year 2]			✔	✔	
iv) Be clear where patients can go for further information – visible and accessible.			✔		
v) A number to call out of hours for discharged patients who need aftercare support.				✔	
vi) Ensure all staff (across departments) are accessing the same information.			✔	✔	✔
vii) Improve awareness of (and access to) services at Newark			✔		
b) Improve patient information					
i) Improve information leaflets (clearer descriptions and better photocopied).			✔	✔	
ii) Make more information available to patients, such as pre-op information on wards.			✔	✔	
Iii) Put processes in place to communicate / explain to patients when new things are introduced (e.g. patient communication boards).			✔		
iv) Replace out of date information - get rid of all out of date information on notice boards – ensure notices stay up to date and notice boards are up to date.		✔			
v) Ensure the correct time and information is on patient appointment cards / letters.		✔			
c) Give information and explanations about waiting times					

Quality for all

Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe

Quality *for all*

7.1.2 Provide clear information		In Action	Quick Win	Year 1	Year 2	Year 3
i)	Staff to go out into waiting areas to inform and explain to people what's happening.		✔			
ii)	Introduce more waiting time screens and keep them up-to-date - display how long patients will have to wait in each clinic – and explain delays.				✔	✔
d) Clearly identify leaders and managers						
i)	Patients should be able to know (clearly identify) who is in charge of the department at all times.		✔			
e) Easy system to escalate complaints quickly and get resolution				✔		
f) Encourage more positive messages from staff to patients						
i)	Communicate how good our hospitals already are and our ambition to improve - rather than letting bad press impact on (staff and) patient experience. [Part of our communications strategy]			✔		
g) Improve IT systems						
i)	So Doctors can easily access the same I.T. system across the Trust. [Linked with new PAS system]			✔	✔	
ii)	Colour code I.T. notes to make sharing information clearer (e.g. red if crucial, green if less so). [Scope in year 2]				✔	✔
iii)	Use I.T. to communicate with patients e.g. email referral letter. [Scope year 1, implement years 2-3]			✔	✔	✔
h) Improve links between Kingsmill (KMH) and Newark hospitals						
i)	Better handovers when transferring patients between KMH and Newark [Linked with handover project in patient safety workstream]			✔	✔	
ii)	Within reason, co-ordinate who goes to / from Newark and KMH in an ambulance (e.g. not three non-critical '1 person trips' in the same direction). [Scope in year 1 as part of emergency pathway redesign]	✔		✔		

Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe

Quality for all

Quality *for all*

7.2 Respectful and caring

7.2.1 Help me to feel cared for	In Action	Quick Win	Year 1	Year 2	Year 3
a) Show compassion and empathy, treat me with dignity and respect					
i) Customer care training to develop receptionist communication and presence.			✔	✔	
b) Increased 'care' support for patients					
i) Increase patient interaction / company (e.g. with HCAs, volunteers). [Already in action, to be developed further in year 1]	✔		✔		
ii) Increase help for patients to wash and dress when unable to do so unassisted. [Already in action as part of nurse staffing project]	✔				
Iii) Increase (non-clinical) support at meal times. [Already in action as part of nutrition and volunteers projects, and extension of visiting times].	✔				
iv) Consistent and speedier recruitment process for volunteers (to help with buggies, mealtimes and to spend time with patients).			✔		
c) Ensure consistent and competent staffing (see our Workforce Strategy).					
i) Maintain appropriate staffing levels and skills mix. [Already in progress as part of nursing and medical staffing reviews].	✔				
ii) Reduce reliance on agency staff. [As per above plus project to enhance internal nurse bank]	✔				
iii) Increase staff at outpatient reception. [Scope in year 1]			✔		
iv) Provide play workers on children's wards during the night. [Scope in year 1]			✔		
d) Reassure me that everyone is caring for me in the 'Quality for All way'					
i) Standardize practice and ensure mandatory training and appraisals take place (with values and expectations, our enduring purpose and shared vision for patient experience embedded).	✔		✔		

Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe

Quality *for all*

19

7.2.2 Welcome me and put me at ease	In Action	Quick Win	Year 1	Year 2	Year 3
a) Consistent 'Quality for All' introductions, welcome and orientation					
i) Consistent staff introductions at every patient contact e.g. "Hello, my name is, my role is, may I…?" – every new person to introduce themselves. [Part of our Nursing and Midwifery Strategy]			✔		
ii) Include self-awareness of impact on others in performance management, so all staff are friendly, smile and make eye contact. [Linked with customer care training above and OD strategy]			✔		
iii) Consistent welcome and ward orientation process for all patients. [Already in action (e.g. updating patient booklets and ward posters), to be developed further in year 1]	✔		✔		
b) Clear uniforms and lapel name badges					
i) Make it clear what the different uniforms mean (e.g. provide guidance on what different roles are performed by people with different uniform colours and styles) so staff are identifiable. [Part of our Nursing and Midwifery Strategy]	✔				
ii) Clear lapel name badges for all staff.			✔		
c) Create welcoming environments and improve patient facilities					
i) Entertainment, facilities, food and drink					
i) Provide accessible patient WiFi. [Explore in year 1]			✔		
ii) Increase access to communal (free) patient TVs. [Explore in year 1]			✔		
iii) Experiment with music in clinics.		✔			
iv) Make drinks available in clinic waiting areas.			✔		
v) Provide a 24/7 cash point on site.				✔	
vi) Increase number of car parking pay on foot machines at KMH.				✔	
vii) Increase awareness of (and access to) buggies at the front of KMH – and provide guidance / signage about what the buggies are for and how to use them.			✔		

Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe

Quality for all

7.2.2 Welcome me and put me at ease	In Action	Quick Win	Year 1	Year 2	Year 3
viii) Improve quality of food and rotate menus on a four week basis.			✔		
ii) Clean and tidy					
ii) Keep all departments clutter free – have a tidy up.		✔			
iii) All bathrooms to be fitted and maintained appropriately. [Part of rolling maintenance programme - audit in year 1]	✔				
iv) Paint the main x-ray department.		✔			
iii) Welcoming and comfortable					
i) Make sure there is adequate seating in all clinic waiting areas.			✔		
ii) Put clocks on walls – so patients know what time it is.		✔			
iii) Install automatic ward doors that stay open for beds. [Check stay open doors in year 1]			✔		
iv) Improve patient side rooms – make them less isolating, provide TVs. [Look at possible improvements in year 1 to implement in year 2-3]			✔	✔	✔
v) Provide ventilation or air-fresheners in bays (that need it).		✔			
(iv) Safe and appropriate					
i) Create safe places to communicate privately / identified areas for private conversations (e.g. breaking bad news).	✔				
ii) Continue to avoid mixed sex sleeping areas for patients	✔				
iii) Provide clearer signage.			✔	✔	
iv) Improve floor (currently bumpy) at back of the hospital. [Investigate in year 1]			✔		

7.2.3 Treat me as an individual	In Action	Quick Win	Year 1	Year 2	Year 3
a) Personalise all care					
i) Always ask patients their preferred name and use it. [Action underway in inpatient areas as part of patient name boards. Scope for other areas in year 1]	✔		✔		
ii) Introduce *'this is me'* for all patients, not just dementia patients. Year 2				✔	
b) Take time to get to know me and my medical history					
i) Ask and document patient preferences and include patients and families in decision-making.			✔		
ii) Provide individual care plans, which identify the patients' individual needs. [Already underway as part of nursing documentation workstream]	✔				
iii) Doctors to start each outpatient appointment with a printed summary of what has happened so far which they then add to (not a new, blank page). [Scope in year 1]			✔	✔	
c) Personalise my bed space					
i) Put names above beds. [Already underway – through pilot of new name boards in several ward areas]	✔				

7.3 Efficient and safe

7.3.1 Reduce waiting times and delays	In Action	Quick Win	Year 1	Year 2	Year 3
a) Improve A&E assessment and reduce waits to get settled on a ward					
i) Review staff training methods in A&E (avoid keeping patients waiting to be settled on wards / treated due to trainees and teaching processes).			✔		
ii) Review single point of access (currently, if you're on a ward at Newark and you know what is needed at KMH, you still have to go to A&E first).			✔	✔	

Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe

Quality for all

22

7.3.1 Reduce waiting times and delays		In Action	Quick Win	Year 1	Year 2	Year 3
iii)	Improve communication between staff ahead of transfers between hospitals to avoid A&E waits – call ahead so there is a smooth transition.			✔		
b) Improve pain relief management						
i)	On-call Doctors to prescribe patients medicine (e.g. pain relief medicine) at night.			✔		
ii)	Pain relief – pass on information and show clear accountability and responsibility in this process. Include all information in notes – there is no reason to not prescribe the right pain relief.			✔		
iii)	Triage nurses to give pain relief if necessary before patients wait for further assessment.			✔		
c) Improve discharge planning						
i)	Improve planning and communication of the discharge process with patients and their families or carers (involve them, give enough notice, explain how they can help and discuss any equipment or home adaptations required).			✔		
ii)	Co-ordinate discharge time given by Doctor with time of TTOs and blood results. [In progress as part of improving discharge pathway]	✔				
iii)	Provide pharmacies for each floor or groups of wards so everyone doesn't need access the same one (which is over-used and can cause delays) when they are discharged. [Scope possible solutions in year 1, implement year 2-3]			✔	✔	✔
d) Improve outpatient appointment planning						
i)	Plan for efficient, one-stop experience (coordinating multiple services).			✔	✔	
ii)	Stop delays in morning outpatient clinics by starting later (i.e. after inpatient ward rounds). [Scope in yr 1]			✔	✔	
iii)	Plan appointment times realistically – based on how long an average appointment takes, and allowing more time if the patient typically needs extra time (e.g. allow more time for elderly, frail patients). [Scope in year 1]			✔		

Quality for all

Quality for all

Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe

23

7.3.2 Organise systems and processes	In Action	Quick Win	Year 1	Year 2	Year 3
a) Ensure appropriate staffing levels and competent staff [see our Workforce Strategy].					
b) Increase infection control on children's ward	✔	✔			
c) Ensure clear protocols on admissions and transfers					
i) No patient to be transferred between hospitals / departments without notes.		✔			
ii) Allow GPs treating the patient to make decisions on where the patient is sent (review GP admitting rights / direct referrals).			✔	✔	
d) Reduce the number of bed moves within and between hospitals					
i) Improve assessment procedures to prevent unnecessary movement of patients.	✔				
ii) Ensure people are cared for at the right place, at the right time, and as close to their family as possible (enabling local people to stay at Newark when possible). [Action underway but further work needed in year 1]	✔		✔		

8. Measuring and continuously improving patient experience

Initially and using the Trust wide action plan as a framework, each service line team will identify their own top 3 priorities (based on scale and severity of impact on patients and ease of implementation) from the list of priorities for improvement in section 7 above.

Figure 10: top 3 prioritisation template for teams

Issue	Cause	Frequency (how often)	Impact on patients (no./ nature)	Impact on productivity (time / cost)	Potential solution	Ease of solution (H/M/L)

Thereafter, each service line team will work on continuously improving the patient experience in line with the following cycle (utilizing the internal capability that has been

Quality *for all*

Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe

Quality *for all*

established to involve patients and carers) so that each of the actions identified in year, that are relevant to that service line, are worked through.

Weekly	• Team 'huddle' – remind people of purpose, vision and current improvement priorities; recognise achievements over past week and say thank you; communicate the corporate and local team news; challenge to ourselves and each other in our quest to improve; inviting observations and ideas that might help; and commit to one thing we are going to focus on for the week
Monthly	+ Review monthly patient experience performance measures and feedback (e.g. qualitative and quantitative feedback from Friends and Family Test / Net Promoter down to ward / clinic / consultant level, PROMs, compliments and complaints) and identify any new issues / opportunities + Reflective practice period to review progress, refresh top 3 priorities and explore ideas
Quarterly	+ Review quarterly patient experience performance measures and feedback (e.g. quarterly patient pulse survey on responsiveness to personal needs; quarterly staff pulse on engagement, including likelihood to recommend to family and friends) + Review and refresh annual plan for improvement / redesign
6-monthly	+ Run an *In Your Shoes* session to share news on improvements and listen to patients' and carers' recent experiences of our care to gain insight on the impact of improvements for patients and the co-develop the next priorities to focus on
Annually	+ Develop an annual service improvement plan focused on delivery of our vision for patient experience, in line with our shared purpose, values and expectations, and informed by patient and carer insight and involvement

Quality *for all*

Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe

25

Figure 11: Making the most of the Friends and Family Test (FFT)

Q1: 'How likely are you to recommend our clinic/ward/A&E department to friends and family if they needed similar care or treatment?' (choose from six point scale ranging from 'extremely likely' to 'extremely unlikely')

Q2: 'Please tell us the main reason you gave that answer' (box for free text)

Allows driver analysis from frequency of key words used mapped against values and/or improvement themes

Ask everyone, report down to clinic / ward / Consultant level on a monthly basis and publish the league table internally

Figure 12: Quarterly patient pulse survey in addition to FFT (sub-set of NPS focused on responsiveness to personal needs)

Q32: Were you as involved as you wanted to be in decisions about your care and treatment?

*Q34: Did you find someone on the hospital staff to talk to about worries and fears?*

Q36: Were you given enough privacy when discussing your condition or treatment?

Q56: Did a member of staff tell you about medication side effects to watch for when you went home?

Q62: Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

We will involve patients and carers (as well as staff) throughout the cycle of continuous improvement and redesign outlined above, from listening to patients views, involving them in designing service improvements, acting as partners in oversight of delivery, and measuring how we are doing to identify new areas where improvement is needed.

Figure 13: Methods of patient involvement we will use throughout the cycle of improvement
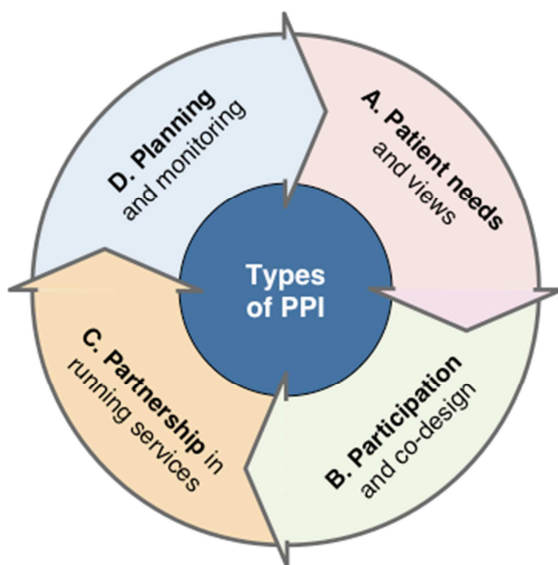
*A. **Patient needs** and views - getting new insight into the needs, views and experiences of the people we serve using: patient stories; focus group discussions and one-to-one interviews*

*B. **Participation** and co-design - involving patients in designing service improvements and making strategic decisions using: In Your Shoes events; Experience-Based Design and informal consultation meetings*

*C. **Partnership** in running services - giving communities a say in running our services using: user and community groups; patient champions and carer groups*

*D. **Planning** and monitoring - checking how we are doing and where to focus improvement efforts using: surveys; observations during care and treatment; recording and action planning*

Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe

Quality *for all*

9. Ensuring our strategy is delivered

Governance

We will manage the delivery of this strategy at a number of levels:

- Accountability for each of the organisational factors required to deliver consistently good patient experience (in figure 4) will be assigned to a single Director. They will be responsible for consolidating Trust-wide plans and managing progress against them.

- Progress will be reported to the Trust Board quarterly via the sub-committee(s) responsible for patient experience and staff engagement, and monthly (by exception) via the Trust Management Team. Progress will be outlined within the Quarterly Patient Experience report which is submitted to the public Board of Directors meetings. We will also summarise our progress in our Annual Reports and Quality Accounts.

- It is acknowledged that that implementation of this strategy goes hand in hand with the Organisational Development Strategy and, as such, there needs to be close alignment of both, together with the Communication Strategy.

- Accountability for each sub-element of the patient experience improvement programme (down to sub-heading level, e.g. 7.2.1(a), in section 7) will be assigned to a single senior leader.

- Each service line / departmental management team will be accountable for executing the continuous improvement cycle outlined in section 8, reporting progress against their top 3 improvement priorities monthly, and against their annual plan for improvement / redesign quarterly.

- Like our Organisational Development Strategy, to ensure effective governance of our Patient Experience Strategy we will translate this document into a three year action plan and detailed plan for year 1 with clear roles, responsibilities, timelines and targets for delivery identified.

- The actions will also be incorporated and monitored through the Quality Improvement Consolidated Action Plan, which is reported to Trust Management Board via the Programme Board.

Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe

Quality for all

27

Resourcing

Our Patient Experience and Involvement Strategy identifies how we want to develop our Trust over the next three years. Whilst we have already begun work to implement some of the projects highlighted above, we recognise there is still much to do. Adequately resourcing this programme of work is critical to its success. We envisage that this strategy will be supported as below:

a) *Enhancing the measurement and reporting of patient experience* – the roles and resource within the patient experience team are being re-designed to support a strengthened system. This will enable us to gain valuable patient and carer feedback and ensure this is reported effectively across teams, so that learning can be applied to our services and positive changes made to improve the patient experience.

b) *Facilitating patient and carer involvement* – as part of the re-designed patient experience structure, there will be provision to better facilitate patient involvement events and support the development of this agenda. Additional resource may be needed to implement and oversee the delivery of the action plan and this will be assessed during year 1.

c) *Protecting team time for reflective practice* – collective resource implications are described further in our Service Improvement Strategy. This has also been identified as one of our specific priorities within the Nursing and Midwifery Strategy. The concept of reflective practice and ways to achieve this will be scoped through our practice development framework.

d) *Delivering service redesign / improvement* – many of the priorities identified by our patients and carers will be key components of service improvement projects that are undertaken across the Trust from 2014-2016. To support the delivery of this strategy, resource implications are currently being considered to support the Trust's transformation programme.

e) *Two-way Communications and Engagement* - our *Workforce* and *Communications Strategies* define the resource requirements to support improved staff engagement and communication. This priority will be supported by a review of our corporate governance arrangements. Our new committee structures will be embedded to ensure appropriate assurance to board.

f) *Individual, team and leadership development* – our Training, Education and Development Strategy will define the resource implications necessary to support the implementation of our leadership and management development priorities. This will underpin the delivery of many of our strategic objectives as an organisation.

Quality *for all*

Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe

28

10. Strategy review

This strategy sets out our commitment to the people we serve and provides clear direction for all of us who work together to provide the best experience possible for our patients.

Our shared purpose, vision, values, standards and expectations are not expected to change, but will be reviewed no later than March 2017 and will be updated if necessary in line with any changes in national policy or local circumstances in the meantime.

The patient experience improvement programme will be reviewed regularly and developed over time as outlined in section 8.

11. Contact for further information

For any queries about this strategy please contact:

Susan Bowler (Susan.Bowler@sfh-tr.nhs.uk), Executive Director of Nursing and Quality

Or Amanda Callow (Amanda.Callow@sfh-tr.nhs.uk), Deputy Director of Nursing & Quality at

Sherwood Forest Hospitals NHS Foundation Trust

Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe

Quality *for all*

12. References

[1] **Darzi** A; (2008); High Quality Care for All: NHS Next Stage Review (Final Report); Department of Health; London

[2] **Redelmeier**, D. A., Jean-Pierre **Molin**, and Robert J. **Tibshirani**; (1995); "A randomised trial of compassionate care for the homeless in an emergency department."; *The Lancet*; 1131-1134

[3] **Yoon**, Rostina, D. K. **McKenzie**, A. **Bauman**, and D. A. **Miles**; (1993); "Controlled trial evaluation of an asthma education programme for adults."; *Thorax* 48, no. 11; 1110-1116.

[4] **Halpern**, J.; (2001, 2011); From Detached Concern to Empathy: Humanizing Medical Practice; Oxford University Press; Oxford

[5] **Boore** J; (1978); Prescription for Recovery; Royal College of Nursing; London

[6] Hayward J; (1975); 'Information - A Prescription against Pain'; RCN; London

[7] **Shuldham** C; (1999); 'A review of the impact of pre-operative education on recovery from surgery'; International Journal of Nursing Studies vol 36

[8] **Matthews** DA, **Suchman** AL, **Branch** WT; (1993); Making connexions: enhancing the therapeutic potential of patient-clinician relationships; Ann Intern Med. 118: 973-977

[9] **Broadbent**, **Petrie**, **Alley**, and **Booth**; (2003); Psychological Stress Impairs Early Wound Repair Following Surgery; Auckland

[10] **Cole-King**, Alys, Keith Gordon **Harding;** (2001); "Psychological factors and delayed healing in chronic wounds."; *Psychosomatic Medicine* 63.2; 216-220.

[11] **Weinman** J, **Ebrecht** M, **Scott** S, **Walburn** J, **Dyson** J; (2008); 'Enhanced wound healing after emotional disclosure intervention'; British Journal of Health Psychology vol 13

[12] **Studer Group** (2007); Hourly Rounding Supplement - Best Practice: Sacred Heart Hospital, Pensacola, Florida; Florida

[13] **Meterko** M et al; (2010); Health Services Research

[14] **DiGioia** AM; (2008); The AHRQ Innovation Exchange: Patient- and family-centered care initiative is associated with high patient satisfaction and positive outcomes for total joint replacement patients; Agency for Health Care Research and Quality; published online

[15] **Murff**, H. J., et al; (2006); Relationship between patient complaints and surgical complications; Quality and Safety in Health Care 15.1;13-16.

[16] **DiGioia** AM; (2008); The AHRQ Innovation Exchange: Patient- and family-centered care initiative is associated with high patient satisfaction and positive outcomes for total joint replacement patients; Agency for Health Care Research and Quality; published online

[17] **DiGioia** A, **Greenhouse** PK, **Levison** TJ; (2007); Patient and family-centered collaborative care: an orthopaedic model; Clinical orthopaedics and related research, Oct; vol 463, pp.13-9

[18] **Charmel** PA, **Frampton** SB; (2008); Building the business case for patient-centered care; Healthcare Financial Management; March, vol 62(3), pp.80-5

[19] **The King's Fund**; (2010); Improving NHS productivity - more with the same not more of the same

[20] **Ipsos MORI**; (2010); Report on the National Patient Choice Survey, England - February 2010; Department of Health

[21] **MORI**; (2008); Frontiers of Health, review of all 2007 acute inpatient surveys

[22] **The Work Foundation, Aston Business School** and **RAND Europe**; (2009); Health and Wellbeing of NHS Staff –A Benefit Evaluation Model; Department of Health

[23] **Boorman S**; (2009); NHS Health and Well-being: final report; Department of Health

[24] **April Strategy**; (2012); Ignite and engage the power within; www.aprilstrategy.com

Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe

Quality *for all*

30

[25] **Luxford** K, **Safran** DG, **Delbanco** T; (2011); Promoting patient-centered care: a qualitative study of facilitators and barriers in healthcare organisations with a reputation for improving the patient experience; International Journal for Quality in Health Care, Vol 23, No 5, 510–515

[26] **NHS, Inspiration NW**; (2012); The Excellence Framework for Patient Experience; **www.patientexperienceportal.org**

DRAFT

Communicating and working together
Aspiring and improving
Respectful and caring
Efficient and safe

Quality for all